

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

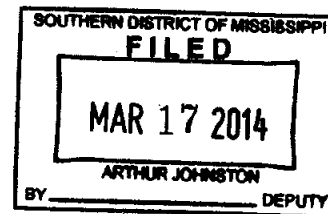
PRESLEY 374100  
(Last Name) (Identification Number)

LARRY DEAN  
(First Name) (Middle Name)

HARRISON County Adult Detention Center  
(Institution)

10451 LARKIN SMITH DR, GPT, MS 39303  
(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

**COMPLAINT**

MELVIN T. BRISOLARA  
v.

CIVIL ACTION NUMBER: 1:14CV130LG-JMR  
(to be completed by the Court)

DAVID SANDERSON

KLATNE LEGG

HARRISON County Adult Detention Center

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (X)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: \_\_\_\_\_
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: LARRY PRESLEY Prisoner Number: 374100  
 Address: HARRISON COUNTY ADULT DETENTION CENTER  
10451 LARKIN SMITH DR.  
GULFPORT, MS 39503

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: MERVIN T. BRISOLARA is employed as  
SHERIFF at HARRISON  
COUNTY ADULT DETENTION CENTER

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME:

ADDRESS:

## DEFENDANT(S):

NAME:

ADDRESS:

MERVIN T. BRISOLARA  
DAVID SANDERSON  
KLAINK LEGG  
HARRISON COUNTY  
ADULT DETENTION CENTER

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HARRISON COUNTY ADULT DETENTION CENTER  
10451 LARKIN SMITH DR GPT, MS 39503

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes (X) No ( )
- B. Are you presently incarcerated for a parole or probation violation?  
Yes (X) No ( )
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ) No (X)
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes (X) No ( )
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes (X) No ( ), if so, state the results of the procedure: THE OFFICIAL RESULTS  
BEHIND MY COMPLAINTS WAS AN APOLOGY.
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes (X) No ( )
  2. State how your claims were presented (written request, verbal request, request for forms): I  
PRESENTED ALL OF MY CLAIMS AS WRITTEN  
REQUEST/GRIEVANCE AND ALSO VERBAL REQUEST.
  3. State the date your claims were presented: SEPTEMBER - 23 - 2013
  4. State the result of the procedure: THE RESULT WAS AN APOLOGY.

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON THE DATE OF AUGUST-19-2013 PLAINTIFF LARRY D. PRESLEY WAS ADMINISTRATIVELY MOVED TO UNIT B-D PENDING PREHEARING DETENTION/AG. SEC. ON THE DATE OF AUGUST-26-2013 SGT. WOODS BADER #177 INFORMED ME I WAS BEING MOVED TO HOUSING UNIT B-D "THE HOLE" HE TOLD ME "PER SAY THE WARDEN" AND THEN SGT. WOODS #177 ESCORTED ME FROM HOUSING UNIT D-E TO HOUSING UNIT B-D. AND UPON ENTERING UNIT B-D I NOTICE THERE WAS A VERY FOUL ODOR IN THE ZONE ATMOSPHERE. ONCE INSIDE OF THE ZONE I WAS THEN INFORMED THAT I WAS BEING PLACED INSIDE OF A SUCIDAL CELL #129. AS I APPROACH THIS PARTICULAR

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

AS A DIRECT AND PROXIMATE RESULT OF THE NEGLIGENCE CARELESSNESS, RECKLESSNESS AND/OR GROSS NEGLIGENCE OF THE DEFENDANTS AND EACH OF THEM, AS SET FORTH ABOVE, PLAINTIFF LARRY D. PRESLEY SEEKS DAMAGES ON BEHALF OF CRUEL AND UNUSUAL PUNISHMENT. DAMAGES FOR AND CONSCIOUS PAIN, PHYSICAL SUFFERING AND MENTAL STRESS AND ANXIETY. MEDICAL TREAT

Signed this 6<sup>TH</sup> day of FEBRUARY, 20 14

10451 Larry D. Presley # 374100  
Laden Smith D. GPT MS 39503  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

FEBRUARY 6 2014  
(Date)

Larry D. Presley  
Signature of plaintiff

CELL I NOTICED THERE WAS A STRONGER SMELL NOW AND HUMAN FECS COVERED THE DOOR. I ADDRESSED ~~SETTLED~~ WITH THIS MATTER OF CONFLICT. IT DIDN'T MATTER BECAUSE EVERYTHING WAS DISREGARDED AND I WAS STILL PLACED IN CELL# 129. ON WED B.D. AS I WAS PLACED INSIDE OF THE CELL I BECAME AWARE OF AN EVEN STRONGER FOUL ODOR AND I BEGAN TO NOTICE THERE WAS HUMAN FECS COVERING THE WALLS, BOTH VENTILATION VENTS THE STINK AND THE DOOR ALSO. LITERALLY! SO I BEGAN ASKING FOR CLEANING SUPPLIES. ON AUGUST 27 2013 I STILL HAVEN'T RECEIVED NO CLEANING SUPPLIES. AND BEING INSIDE OF THOSE KIND OF LIVING CONDITIONS HAD BEGAN TO AFFECT AND DISRUPT MY MIND. I BEGAN TO SLIP INTO DEPRESSION. ON THE DATE OF AUGUST 28 2013 I BEGAN SUFFERING A GREAT DEAL THE C.O.'S THAT WERE WORKING WED B.D ON AUGUST 28, 2013 CALL FOR A PSYCHE DOCTOR. WHAT TRANSPIRED AFTER THE DOCTOR GOT WAS I REFUSED TO TALK AND I PUNCHED THE WALL. FROM THERE I WAS PUT ON SUICIDE WATCH AND STRIPPED OF ALL MY POSSESSIONS. ON AUGUST 29 2013 I STILL HAD NO CLEANING SUPPLIES THE SOCIAL WORKER MR. EDDIE MCQUILLING CAME INTO MY CELL AND ONCE HE SAW THE HUMAN FECS HE SAID QUOTE "I CANNOT BELIEVE THIS". AND THEN WE TALKED FOR A MINUTE AND I WAS TAKEN OFF OF SUICIDE WATCH THAT SAME DAY.

MR. MCQUELLING ALSO TOLD ME HE WILL GET ME MOVED OUT OF THAT CELL. THAT HE WAS GOING TO REPORT ~~ME~~ EVERYTHING. AND FINALLY ON AUGUST 30 2013 I WAS MOVED TO CELL # 230 ON UNIT B.D. BASICALLY WHILE I WAS INSIDE CELL # 129 ON UNIT B.D I BECAME INFECTED WITH SOME TYPE OF SKIN DISEASE. I REPORTED THIS TO THE NURSE AND SHE WAS SHOCKED SHE LEFT CAME BACK AND TOOK PICTURES OF MY ENTIRE BODY. BECAUSE THE SKIN ON MY BODY WAS MESSED UP BADLY. SHE SAID SHE WOULD REFER THE PICTURES TO A DOCTOR TO SEE WHAT WAS SPREADING ON MY BODY.

*Joseph P. [Signature]*

I

DEFENDANT, MELVIN T. BRIZOLARA IS CURRENTLY EMPLOYED AS SHERIFF OF HARRISON COUNTY.

II

DEFENDANT DAVID SANDERSON IS CURRENTLY EMPLOYED AS THE WARDEN OF HARRISON COUNTY ADULT DETENTION CENTER. AND USING HIS AUTHORITY ON THE DATE OF AUGUST 26 2013 HAD MR. ADMINISTRATIVELY MOVED FROM GENERAL POPULATION TO HOUSING UNIT B-D "THE HOLE" INTO CELL # 129. A SUICIDAL CELL.

III

DEFENDANT ELAINE LEE IS ALSO CURRENTLY EMPLOYED AS THE ASSISTANT WARDEN/CHIEF OF SECURITY AT HARRISON COUNTY ADULT DETENTION CENTER. AND ALSO USING HER AUTHORITY AFTER BEING NOTIFIED THAT IN FACT CELL # 129 IN HOUSING UNIT B-D WAS COVERED IN HUMAN FECS. FROM AUGUST 26 2013 UNTIL AUGUST 30 2013 NOTHING WAS DONE, NO EFFORT TO RESOLVE THE PROBLEM PROFESSIONALLY.